

Contract Manager and
Location/Building: Barbara Derman
Contract #: 20142043

Amendment No. 7 to the
Agreement Between
Michigan Department of Health and Human Services
and
Real Alternatives
for
Michigan Pregnancy and Parenting Support Services Program

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2017. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

The total agreement amount is increased from \$1,550,000 to \$ 1,950,000, and the Department's agreement amount is increased/decreased from \$1,550,000 to \$ 1,950,000, as shown on the Attachment B budget pages.

3. Amendment Purpose

The purpose of the amendment is to extend the original agreement end date from December 31, 2016 to September 30, 2017, and to add funding in the original agreement for \$400,000.

4. Original Agreement Conditions

It is understood and agreed that all other conditions of the original agreement remain the same.

5. Special Certification

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or contractor.

6. Signature Section

For the Michigan Department of Health and Human Services

Jeanith Hensle 12/28/2016
for Kim Stephen, Director, Bureau of Purchasing Date

For the CONTRACTOR:

KEVIN I. BAGATTA PRESIDENT & CEO
Name (print) / Title (print)

Kelli S. Bagalla 12/28/2014
Signature Date

ATTACHMENT 1

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
SCHEDULE OF FINANCIAL ASSISTANCE
Real Alternatives**

Source of Funds	Federal Agency Name	Catalog of Federal Domestic Assistance (CFDA)			Federal Award		Federal Award Identification No.	Award Date	Grant Phase	Amount
		Number	Title	Award Number	Title					
Federal State GF	Department of Health and Human Services	93-558	Temporary Assistance to Needy Families TANF	9701 MI TANF	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	1601MITANF	7/11/2016	17	\$400,000	
										\$1,550,000
TOTAL ALLOCATION										\$1,950,000

Statement of Work

Michigan Pregnancy and Parenting Support

Services Program October 2013 – September 2017

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
 - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreeed, non-degreeed and volunteers)
 - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
 - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreeed, non-degreeed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
- a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
 - i. Referrals for prenatal and pediatric care.
 - ii. Referrals for medical care.
 - iii. Referrals for social services organizations and support services such as:
 - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
 - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
 - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
 - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
- a. Are a nonprofit organization with 501(c)3 tax exempt status
 - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
 - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
 - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - g. Are nondiscriminatory
 - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - k. Agree to serve all eligible clients, including those with Limited English Proficiency
 - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - m. Maintain client confidentiality
 - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
 - o. Do not charge a fee for services to eligible clients.
 - p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
 - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2017
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitoring.
 - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2017
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
 - a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
 - c. Technical assistance provided;
 - d. Follow-up on site monitoring findings for Service Providers;
 - e. Direct service activities such as information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
 - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
 1. Less than 16 years old;
 2. 16 years old through 20 years old;
 3. 21 years old through 25 years old;
 4. 26 years old through 30 years old;
 5. 31 years old through 35 years old;
 6. 36 years old through 40 years old;
 7. 41 years old through 45 years old;
 8. 46 years old and older.
 - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
 - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
 - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
 1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
 2. Public Information activities in Michigan
 - k. Report number of Service Provider referrals by type:
 1. Prenatal care providers
 2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

View at 100% or Larger
Use WHOLE DOLLARS Only

PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

ATTACHMENT B.1

PROGRAM Michigan Pregnancy & Parenting Support Services		DATE PREPARED 12/13/2016	Page 1	Of 3
GRANTEE NAME Real Alternatives		BUDGET PERIOD From: 10/1/2013 To: 9/30/2017		
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd., Suite 304		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 7
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660	
EXPENDITURE CATEGORY				TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES				
2. FRINGE BENEFITS				
3. TRAVEL				
4. SUPPLIES & MATERIALS				
5. CONTRACTUAL (Subcontracts/Subrecipients)				
6. EQUIPMENT				
7. OTHER EXPENSES				
Administrative Expenses				\$224,798
Service Expenses				\$1,725,202
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)				\$1,950,000
9. INDIRECT COSTS: Rate #1 %				
INDIRECT COSTS: Rate #2 %				
10. TOTAL EXPENDITURES				\$1,950,000

SOURCE OF FUNDS:

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				\$1,950,000
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING				\$1,950,000

AUTHORITY: P.A. 368 of 1978	The Department of Health and Human Services is an equal opportunity employer, services and programs provider.
COMPLETION: Is Voluntary, but is required as a condition of funding.	

DCH-0385(E) (Rev. 08/15) (Excel) Previous Edition Obsolete.

PROGRAM BUDGET - COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page

Use WHOLE DOLLARS Only

ATTACHMENT B.2

2 Of 3

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD	DATE PREPARED	
		From: 10/1/2013	To: 9/30/2017	
		BUDGET AGREEMENT		
		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		
GRANTEE NAME Real Alternatives		AMENDMENT # 7		
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
President & CEO Vice President - Administration Assistant Director of Finance Accountant Bookkeeper				\$ 69,009
				\$ 22,248
				\$ 1,777
				\$ 6,535
				\$ 4,660
		1. TOTAL SALARY & WAGES:		\$ 104,229
2. FRINGE BENEFITS: (Specify)		Composite Rate % 34.89%		
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> UNEMPLOY INS <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> RETIREMENT		<input type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> VISION <input type="checkbox"/> HEARING INS <input type="checkbox"/> OTHER: specify		<input checked="" type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> WORK COMP <input type="checkbox"/> Tuition Remission (list amount)
				2. TOTAL FRINGE BENEFITS: \$ 36,370
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				3. TOTAL TRAVEL: \$ 989
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				4. TOTAL SUPPLIES & MATERIALS: \$ 36,017
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
Name Address				Amount
Consulting				\$ 6,332
Legal Consulting				\$ 1,216
				5. TOTAL CONTRACTUAL: \$ 7,548
6. EQUIPMENT: (Specify)				Amount
				6. TOTAL EQUIPMENT: \$ -
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				Amount
Communication: Space Cost: Rent/Phone Others (explain): Insurance Audit Professional Development Job Advertising/Employee Screening Equipment Service Contract				\$ 25,323 \$ 3,440 \$ 6,324 \$ 1,718 \$ 1,825 \$ 1,015
				7. TOTAL OTHER EXPENSES: \$ 39,645
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				8. TOTAL DIRECT EXPENDITURES: \$ 224,798
9. INDIRECT COST CALCULATIONS:				
Rate #1 Base \$ x Rate = \$ -				
Rate #2 Base \$ - x Rate = \$ -				
				9. TOTAL INDIRECT EXPENDITURES: \$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 224,798
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding. DCH-0386(E) (Rev 8/15) (EXCEL) Previous Edition Obsolete		The Department of Health and Human Services is an equal opportunity employer, services and programs provider. Use Additional Sheets as Needed		

PROGRAM BUDGET - COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page

3 of 3

ATTACHMENT B.2

Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED
		From: 10/1/2013	To: 9/30/2017	12/13/2016
GRANTEE NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 7
1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
Vice President			\$ 59,446	
Services Coordinator			\$ 11,600	
Services Assistance			\$ 6,239	
Service Provider Approval			\$ 10,749	
Billing Coordinator			\$ 7,697	
Service Provider Monitoring			\$ 9,431	
Hotline Counselor			\$ 1,963	
1. TOTAL SALARY & WAGES:			0.000	\$ 107,125
2. FRINGE BENEFITS: (Specify)		Composite Rate % 26.58%		
<input checked="" type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input checked="" type="checkbox"/> DENTAL INS		
<input checked="" type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input checked="" type="checkbox"/> WORKS COMP		
<input checked="" type="checkbox"/> RETIREMENT	<input checked="" type="checkbox"/> HEARING INS		<input type="checkbox"/> Tuition Remission (list amount)	
<input checked="" type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-		2. TOTAL FRINGE BENEFITS: \$ 28,474	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)		3. TOTAL TRAVEL:	\$ 10,213	
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)		4. TOTAL SUPPLIES & MATERIALS:	\$ 121,642	
Client Education Materials			\$ 121,642	
Pregnancy Test Kits			\$ 5,953	
5. CONTRACTUAL: (Subcontracts/Subrecipients)		4. TOTAL CONTRACTUAL:	\$ 127,595	
Name	Address	Amount		
Client Services		\$ 1,144,770		
Database Consulting		\$ 30,585		
6. EQUIPMENT: (Specify)		5. TOTAL EQUIPMENT:	\$ 1,175,355	
6. EQUIPMENT: (Specify)		6. TOTAL EQUIPMENT:	\$ -	
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)		Amount		
Communication:				
Space Cost:				
Others (explain):				
Services Advertising		\$ 268,791		
Hotline Referral System		\$ 1,331		
Meetings/Seminars		\$ 6,318		
7. TOTAL OTHER EXPENSES:		\$ 276,440		
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES	\$ 1,725,202	
9. INDIRECT COST CALCULATIONS:				
Rate #1 Base \$		x Rate	0.00%	=
Rate #2 Base \$		- x Rate	0.00%	=
9. TOTAL INDIRECT EXPENDITURES:			\$ -	
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)			\$ 1,725,202	
AUTHORITY: P.A. 368 of 1978		The Department of Health and Human Services is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.				
DCH-0386(E) (Rev. 8/15) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

ATTACHMENT F**PROGRAM SPECIFIC REQUIREMENTS**

The Grantee will comply with all regulations, uses and use restrictions, including beneficiary eligibility requirements, of Temporary Assistance to Needy Families (TANF) funding. The Michigan Pregnancy and Parenting Support Services Program has no client income eligibility requirements.